

Congregation Beth David
Registration and Emergency Information Form
2020-21 ~ 5781

*Be sure to save form before emailing it as an attachment to
 Monica Hernandez at Hernandez@beth-david.org*

- Religious School - Jewish Youth Education Program - Sundays & Wednesdays, JK-7th
- Teen Program – Jewish Education for Teens /Madrikhim, 8th – 12th

Mother/Guardian 1 Information		Father/Guardian 2 Information	
Name		Name	
Street Address		Street Address	
City		City	
State	Zip	State	Zip
Primary Phone		Primary Phone	
Secondary Phone		Secondary Phone	
Email Address		Email Address	

If Parent/Guardian addresses are different:

Where should information be sent:

- Mother/Guardian 1 Father/Guardian 2 Both

Who is the primary custodian?

- Mother/Guardian 1 Father/Guardian 2 Joint

Student 1	Student 2	Student 3
Name	Name	Name
Hebrew Name	Hebrew Name	Hebrew Name
Birthday	Birthday	Birthday
Academic Grade	Academic Grade	Academic Grade
School	School	School
R.S/H.S. Grade if different from above	R.S/H.S. Grade if different from above	R.S/H.S. Grade if different from above

Please be sure to fill out pages 2 & 3



Confidential Student Information

Student last name: _____

Please check if any of the following applies to your child(ren). If you check any of these, please elaborate below so we can give your student a safe and supported experience.

Student 1 _____	Student 2 _____	Student 3 _____
<input type="checkbox"/> Student is not vaccinated <input type="checkbox"/> Vision impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Takes OTC meds regularly <input type="checkbox"/> Takes prescription meds <input type="checkbox"/> Food/other allergies <input type="checkbox"/> Special needs/IEP/504/Other	<input type="checkbox"/> Student is not vaccinated <input type="checkbox"/> Vision impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Takes OTC meds regularly <input type="checkbox"/> Takes prescription meds <input type="checkbox"/> Food/other allergies <input type="checkbox"/> Special needs/IEP/504/Other	<input type="checkbox"/> Student is not vaccinated <input type="checkbox"/> Vision impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Takes OTC meds regularly <input type="checkbox"/> Takes prescription meds <input type="checkbox"/> Food/other allergies <input type="checkbox"/> Special needs/IEP/504/Other
Explain Student 1		
Explain Student 2		
Explain Student 3		

Please be sure to fill out pages 1 & 3



EMERGENCY RELEASE

(Non-Parent) EMERGENCY INFORMATION

If you cannot be reached in case of emergency, and your child needs immediate medical attention and the parent(s)/guardian(s) cannot be reached, we will refer to these two Non-Parent alternatives. **Please verify that they have ready means of transportation and give them emergency information (i.e., hospital, doctor, dentist).**

Name:	Relationship:	Home #	Cell #
Name:	Relationship:	Home #	Cell #

If injury is serious and the parent cannot be contacted, do you wish your personal physician contacted?

Yes No

Name of physician _____ Phone _____

Address _____ City/State _____

Insurance Carrier _____ Policy # _____ Policy Holder _____

I/we understand in case of an emergency every attempt will be made to notify me/us or our emergency contact persons (including physician and dentist). However, if every attempt to contact these persons fail, I/we agree to the following:

In case of emergency, I/we hereby give permission to the principal of Congregation Beth David's education program or another representative to authorize the administration of health care services to my child(ren) by a physician or other professional health care provider (hospital, paramedic, nurse etc.). I understand that CBD assumes no responsibility for the payment, adequacy or quality of service rendered by the physician or other health care providers selected in such an emergency.

Parent's/Guardian's Name (please print)

Parent's/ Guardian's Signature

Date

Please be sure to fill out pages 1 & 2

